

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ARRAY OF DISPOSABLE ABSORBENT ARTICLE CONFIGURATIONS AND MERCHANDISE DISPLAY SYSTEM FOR IDENTIFYING DISPOSABLE ABSORBENT ARTICLE CONFIGURATIONS FOR WEARERS

the specification of which

(check ☒ [X] is attached hereto.
one) ☐ [] was filed on _____ as United States Application No. or
PCT International Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes

☐ No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

| Application Serial No. | Filing Date | Application Serial No. | Filing Date |
|------------------------|-------------|------------------------|-------------|
|------------------------|-------------|------------------------|-------------|

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (If applicable) |
|--------------------------------|-------------------|---------------------------------|--------------------------------------|
| | | | |

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

| Atty Name | Atty Reg Number | Associate Power of Attorney Attached |
|-------------------|-----------------|---|
| Jay A. Krebs | 41,914 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Ken K. Patel | 33,988 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| David M. Weirich | 38,361 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| T. David Reed | 32,931 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Timothy B. Guffey | 41,048 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SEND CORRESPONDENCE TO:

Attorney or Agent's Name: Jay A. Krebs

The Procter & Gamble Company (513) 626-4856

| Company Name | Phone No. |
|---|-----------|
| 11450 Grooms Road Cincinnati Ohio 45224 | |
| Street City State Zip Code | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor KARL P. RONN
Inventor's signature  11 Dec 2000
Date

Residence 8055 Graves Road, Cincinnati, OH 45243
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Full name of second joint inventor, if any BARRY R. FEIST
Inventor's signature _____
Date

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Citizenship U.S.A.
Post Office Address 6661 Shawnee Run Road
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Full name of third joint inventor, if any MARY L. CARR
Inventor's signature _____
Date

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Citizenship U.S.A.
Post Office Address 1486 Biloxi Drive
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Full name of fourth joint inventor, if any KATHY O. AMES-OOTEN
Inventor's signature _____
Date

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Post Office Address 41 Worthington Avenue
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Full name of fifth joint inventor, if any DANIELIA T. WILKINS
Inventor's signature _____
Date

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Citizenship U.S.A.
Post Office Address 1731 Chase Avenue
Cincinnati, OH 45223

Full name of sixth joint inventor, if any MERLENE A. CUMMINS
Inventor's signature _____
Date

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Citizenship U.S.A.
Post Office Address 535 Lookaway Drive
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Full name of seventh joint inventor, if any OOMA B. RAMPERSAD-CUTLER

Inventor's signature _____ Date _____

Residence 4205 N. Haven Dr., Mason, OH 45040

Citizenship Trinidad.

Post Office Address 4205 N. Haven Dr.

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Full name of eighth joint inventor, if any MONICA J. MOHLENKAMP

Inventor's signature _____ Date _____

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Full name of ninth joint inventor, if any VICKI L. STREITHORST

Inventor's signature _____ Date _____

Residence 3507 Galbraith Road, Cincinnati, OH 45239

Citizenship U.S.A.

Post Office Address 3507 Galbraith Road

Cincinnati, OH 45239

DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 3

Attorney Docket No. 8362

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Prior Foreign Application(s)

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| (Number) | (Country) | (Day/Month/Year Filed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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45224

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City

State

Zip Code

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Inventor's signature _____

Date _____

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Citizenship U.S.A.

Post Office Address 8055 Graves Road

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Full name of second joint inventor, if any BARRY R. FEIST

Inventor's signature [Signature]

12-12-00

Date

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Full name of third joint inventor, if any MARY L. CARR

Inventor's signature Mary L. Carr

12-12-00

Date

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Full name of fourth joint inventor, if any KATHY O. AMES-OOTEN

Inventor's signature Kathy O. Ames-Ooten

12-12-00

Date

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Full name of fifth joint inventor, if any DANIELIA T. WILKINS

Inventor's signature Danielia T. Wilkins

12/11/00

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Full name of sixth joint inventor, if any MERLENE A. CUMMINS

Inventor's signature Merlene A. Cummins

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Full name of seventh joint inventor, if any **QOMA B. RAMPERSAD-CUTLER**

Inventor's signature *Q.B. Rampersad-Cutler* 12/8/00
Date

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Full name of eighth joint inventor, if any **MONICA J. MOHLENKAMP**

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Full name of ninth joint inventor, if any **VICKI L. STREITHORST**

Inventor's signature *Vicki L. Streithorst* 12/8/00
Date

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